

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018821

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 79

FILED MAY 14 1963

1. PLACE OF DEATH

a. COUNTY

Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Nevada

Length of stay in 1b

18 days

c. CITY
OR
TOWN

Republic

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

State Hospital #43

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Ernest

Middle

Howard Cantrell

Last

Cantrell

4. DATE
OF
DEATH

Month

April

Day

22

Year

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

12-27-90

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

20 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis, generalized

years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Chronic brain syndrome associated with cerebral
arteriosclerosis with psychotic reactionPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-21-63 to 4-22-63 and last saw him alive on 4-21-63
Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmund M.D.

22b. ADDRESS

Nevada, Mo

22c. DATE SIGNED

4-22-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-25-1963

23c. NAME OF CEMETERY OR CREMATORY

Local

23d. LOCATION (City, town, or county)

Republic, Greene Co, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cantrell Funeral Home, Republic, Missouri

25. DATE RECD. BY LOCAL REG.

5-8-1963

26. REGISTRAR'S SIGNATURE

Anna E. Lury

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William B. Centret

Licensed Embalmer No.

1850

P. O. Address

Republic Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.